

Criminal District Court Orleans Parish

APPLICATION FOR EMPLOYMENT

Please print plainly. If you need additional space, continue under "Remarks" listing item number.

To Applicant: We deeply appreciate our interest in our organization and assure you that we are sincerely interested in you qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications and may assist us in possible future upgrading.

FOR OFFICE USE ONLY		FOR OFFICE USE ONLY	
Position Work Locations _____		Work Location _____	Rate _____
FOR OFFICE USE ONLY		FOR OFFICE USE ONLY	
Possible Positions _____		Position _____	Date _____

PERSONAL

Last Name, First Name, Middle Initial	Social Security Number	Date of Birth
Email Address	Phone Number	Cellular Phone Number

Present Address (No, Street, State, Zip Code)

Position(s) applied for	Rate of pay expected per week
Would you work full time?	Part-Time Specify days and hours if part-time
Were you previously employed by us?	If yes, when?

List the names of any friends or relatives working for us.

If your application is considered favorably, on what date will you be available to work?

EDUCATION

Name of High School Attended	Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	If no, list the last year completed			
Name of College	Dates Attended	Credit Hours Quarter Semester	Degree	Date Received	Grade Point Average and/or scholastic standing

Other schools or training attended (list name/location of school, dates attended, subject studied, certificates received, and other pertinent data)

JOB RELATED SKILLS, AWARDS, SPECIAL ACCOMPLISHMENTS

List any skills (e.g., language, computer, keyboarding speed), honors, awards, or special accomplishments (e.g., memberships in professional/honor societies, leadership activities, performance awards) that you believe are relevant to your ability to perform the job:

HISTORY OF WORK	
Dates of Employment (mm/dd/yyyy) From: _____ To: _____	Exact Title of Your Position
Weekly Salary or Earnings Starting \$ _____ Per _____ Final \$ _____ Per _____	Employer (firm, organization, etc.) Name _____ City _____ State _____
Name and Title of Immediate Supervisor Business Telephone: (Area Code and Phone Number)	Reason for Leaving?
Description of Work 	

II

Dates of Employment (mm/dd/yyyy) From: _____ To: _____	Exact Title of Your Position
Weekly Salary or Earnings Starting \$ _____ Per _____ Final \$ _____ Per _____	Employer (firm, organization, etc.) Name _____ City _____ State _____
Name and Title of Immediate Supervisor Business Telephone: (Area Code and Phone Number)	Reason for Leaving?
Description of Work 	

III

Dates of Employment (mm/dd/yyyy) From: _____ To: _____	Exact Title of Your Position
Weekly Salary or Earnings Starting \$ _____ Per _____ Final \$ _____ Per _____	Employer (firm, organization, etc.) Name _____ City _____ State _____

Name and Title of Immediate Supervisor Business Telephone: (Area Code and Phone Number)	Reason for Leaving?
Description of Work	

IV

Dates of Employment (mm/dd/yyyy) From: _____ To: _____	Exact Title of Your Position
Weekly Salary or Earnings Starting \$ _____ Per _____ Final \$ _____ Per _____	Employer (firm, organization, etc.) Name _____ City _____ State _____
Name and Title of Immediate Supervisor Business Telephone: (Area Code and Phone Number)	Reason for Leaving?
Description of Work	

V

Dates of Employment (mm/dd/yyyy) From: _____ To: _____	Exact Title of Your Position
Weekly Salary or Earnings Starting \$ _____ Per _____ Final \$ _____ Per _____	Employer (firm, organization, etc.) Name _____ City _____ State _____
Name and Title of Immediate Supervisor Business Telephone: (Area Code and Phone Number)	Reason for Leaving?
Description of Work	

May we contact the employers listed above? _____ If no, list employer(s) you do not wish us to contact:

PERSONAL REFERENCES (Not Former Employers or Relatives)

Name and Occupation	Address	Phone Number

GENERAL INFORMATION

Do you have private or public transportation? _____

Do you have any physical conditions which may limit your ability to perform the particular job for which you are applying? _____ If yes, describe such condition.

Have you had a major illness in the past 5 years? _____ If yes, describe _____

Have you received compensation for injuries? _____ If yes, describe _____

Is there any obligation that you may have that could interrupt your daily attendance at the work place? _____

How long have you lived at your present address? _____

Previous address :(No., Street, City, Zip Code) _____

Are you a citizen of the US? _____ Are you the age of eighteen? _____ If no, hire is subject to verification that you are of minimum legal age.

Sex: Male _____ Female _____ Marital Status _____ Number of Dependants including yourself _____

Have you ever been bonded? _____ If yes, on what job(s)? _____

Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses? _____ If yes, describe in full. _____

Employer may list other bona fide occupational questions on lines below:
1. _____
2. _____
3. _____

APPLICANT CERTIFICATION

I certify that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete and made in good faith. I understand that false or fraudulent information on or attached to this application may be grounds for not hiring me, or firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated.

SIGNATURE _____

DATE SIGNED _____